

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 25 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes, but in no event shall debate continue beyond 10:50 a.m.

The Chair recognizes the gentleman from Arizona (Mr. GRIJALVA) for 5 minutes.

HEALTH CARE EQUALITY AND ACCOUNTABILITY ACT OF 2003

Mr. GRIJALVA. Mr. Speaker, I rise today in support of legislation to improve the health of racial and ethnic minorities in our Nation, the Healthcare Equality and Accountability Act of 2003.

This act will offer Congress the opportunity to begin to close the health care divide and disparity that exists between Americans, a divide that cannot be ignored nor should it be tolerated. The irrefutable facts will be presented today for all of us to see. This disparity is real and this divide exists.

To ignore these facts is tantamount to perpetuating the dual system of health care in our country, separate and unequal, a dual system that too often denies to communities of color, Latinos, Native Americans, African Americans, and Asian Pacific Islanders, the health care access and quality that most Americans enjoy. This pattern of exclusion of people from quality health care is morally wrong and is a significant deterrent to the overall progress of our Nation.

Mr. Speaker, this legislation to address racial and ethnic health disparities in this country would do the following: it would set the elimination of racial and ethnic health disparities as a goal. The elimination of racial and health disparities can and should be a goal for all Americans. The health of all our communities is enhanced when we work to close the health care divide.

It would expand the health care safety net. The lack of health insurance and access to health services result in significant decline of the health status within racial and ethnic minorities communities in this country. The availability, quality, and affordability of health care coverage options and to provide meaningful access to health services must be expanded in cooperation with health care providers and employers in order to successfully address the divide of racial and ethnic health communities and their delivery of health services.

The other point that is, I think, very important for us to consider is that en-

suring health care access is in compliance with the civil rights law. Title VI of the 1964 Civil Rights Act and its subsequent amendments provide crucial rights to individuals with limited English proficiency to access federally conducted and supported programs and activities. Limited English proficiency persons should not be inhibited from accessing vital health care services paid by them and their families in their tax dollars.

Finally, Mr. Speaker, I urge my colleagues to join me in endorsing this important bill. An action by Congress long overdue, if we have the will and resources to pursue international adventures—then we should have the same resolve here at home.

CLEARING THE PLATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Texas (Mr. DELAY) is recognized during morning hour debates.

Mr. DELAY. Mr. Speaker, all year the House has taken on major priorities with an eye towards policy, not politics. And all year we have delivered on our promises to the American people.

We have funded the liberation of Iraq, and now we are quickly turning the democratization of that nation over to its people.

We have reduced the income taxes for every American who pays them, and now the economy is growing and jobs are being created.

And now, after a long year of tireless work with colleagues on both sides of the aisle and both sides of Capitol Hill, the House is poised to meet the top two domestic challenges currently facing the American people: the need for improved health care for American seniors and the need for a comprehensive policy to reshape the consumption, delivery, and conservation of energy.

Now, in both cases we took the time to get the job done right. For instance, the Medicare bill does so much more than merely provide prescription drugs to American seniors, though that alone, frankly, is a monumental achievement. Instead, it strengthens and improves the underlying program, including competitive reforms that will preserve Medicare solvency and prepare it for the retirement of the baby boom generation. Rather than tacking on a new entitlement to an old one, as some advocated, we took on the fundamental problems of the 40-year-old Medicare system and made it a stronger and more flexible program for its diverse beneficiary base. In other words, we serve Medicare's customers, not its bureaucracies.

Mr. Speaker, we brought the same comprehensive approach to the energy mess the American people have been struggling through for over a decade. Our energy solution will increase production of energy and improve its delivery as befitting an Information Age economy.

Our energy solution will also reduce America's dependence on foreign oil, create jobs, spur economic growth, and protect against economic downturns. In both cases, Mr. Speaker, the time is right, the bill is good, the need is absolute, and the benefits are immense.

This week is why we were elected, to keep our promise and fulfill America's.

RACIAL AND ETHNIC HEALTH DISPARITIES

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentlewoman from California (Ms. SOLIS) is recognized during morning hour debates for 2½ minutes.

Ms. SOLIS. Mr. Speaker, today I rise to acknowledge a tremendous achievement in the efforts to address racial and ethnic health disparities in this country. With the dedication of the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), the gentleman from California (Mr. HONDA), and the gentleman from New Jersey (Mr. PALLONE), and with the guiding leadership of our leadership, the gentlewoman from California (Ms. PELOSI), as well as our Senate leaders, Senator DASCHLE and Senator KENNEDY, we have introduced a comprehensive bill to improve minority health.

Currently in our country, minorities endure a disproportionate burden of illnesses. Unfortunately, our health care system is not meeting the needs of all of its people.

Latinos, African Americans, Asians and Native Americans statistically outweigh nonminority whites in almost every disease, diabetes, cardiovascular disease, asthma, you name it.

For instance, diabetes is a chronic illness estimated to affect 18.2 million people in this year alone. Latinos are twice as likely to have diabetes than non-Latino whites and American Indians are more than twice as likely to be diagnosed with this debilitating disease.

Mr. Speaker, these diabetes trends are not isolated. One in four obese Latino children have early signs of type II diabetes; and in California alone, 66 percent of Latinos are overweight, which is higher than the national average.

Compound these health problems with the recently released census data showing that the rate of Latinos with health insurance was 32.4 percent in 2002. Here on this graph, it shows actually who the nonelderly noninsured are, including the ethnic and racial groups in the year 2002. Hispanics represent 30 percent; non-Hispanics represent 47 percent; Asian Pacific Islanders, 5 percent; and blacks represent 16 percent. This is a picture of those people who are working-poor that are uninsured.

The need for prevention is loud and clear, and we have to actively stop these rising trends in poor health care status. The Healthcare Equality and Accountability Act that we introduced